EX. 10

Confidential

Instructions
HR: Complete cover letter below and provide to employee along with the "Consent for Release of Medical Information" and "Physician Certification". Scan completed documents and email to *EmployeeServicesCenter@twcable.com*.
Employee: Provide "Cover Letter", "Consent for Release of Medical Information" and "Physician Certification" forms to physician.

Time Warner Cable

ADA - Cover Letter for Release of Medical Information

December 8, 2014

Dr. Steven B. Hart
15803 Windermere Drive
Pflugerville, TX 78660

Re: Heather Trautman

Dear Dr. Steven B. Hart:

The above named person is an employee of Time Warner Cable Inc. and is being sent to you for an assessment of her ability to perform the essential functions of an Analyst, Operations for Time Warner Cable. I have enclosed the essential functions for your review.

I have enclosed a signed release, which permits you to review any enclosed medical records, to discuss your assessment with Time Warner Cable, and to release your records and opinions to me as Time Warner Cable's Human Resources representative. I have also enclosed a "Physician Certification" for you to complete.

Please forward the completed certification and all other pertinent information to my attention within one week of your assessment. You may forward the information to:
Attn: Amy Vitela
Fax Number – 704-973-6106.

Time Warner Cable greatly appreciates your cooperation in this matter. If you wish to discuss any of the information above, please contact me at 512-681-6677.

Sincerely,

Amy Vitela
HR Generalist

CC:

Enclosures:
Signed Consent for Release for Medical Information
Physician Certification Form

Revision: May 2014

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Instructions
Physician: Complete, sign and date certification form below. Return completed form to TWC Human Recourses as directed in cover letter.
HR: Scan competed documents and email to *EmployeeServicesCenter@twcable.com*.

Time Warner Cable

ADA - Physician Certification

PSID#: (HR Use Only)	1177265	**EID#:**	E180669	**Date:**	12/8/2014
Employee Name:	Heather Trautman	**Supervisor:**	Adrienne Greth		
Line of Business:	Commercial Services				

(Attach Job Description and Essential Functions)

Patient:	Heather Trautman	**Examination Date:**	12/12/14

I examined the above named patient, and certify that s/he has the following functional limitation(s) due to his or her condition:

	Status	Description of Functional Limitations
	Permanent	anxiety / panic attacks related to traffic / driving
	Temporary	

I certify that the above named patient is (please check one):

✓	Permanently impaired and patient requires accommodations to function in his or her job
	Permanently impaired, but patient does not require accommodations to function in his/ her job
	Temporarily impaired and patient requires accommodations to function in his or her job
	Temporarily impaired, but patient does not require accommodations to function in his or her job
	There are no limitations at this time; the patient may return to regular duty without restrictions
	I am unable to render a determination without further examination

Next Exam Date:	3 months	**Return to Work (~~Regular~~ Duty):**	1/6/15

Revision: May 2014

Confidential

Instructions
Physician: Complete, sign and date certification form below. Return completed form to TWC Human Recourses as directed in cover letter.
HR: Scan competed documents and email to *EmployeeServicesCenter@twcable.com*.

Time Warner Cable

Major Life Activities

Please identify which major life activity (ies) is/are impaired by the medical condition

	Caring for oneself			Lifting
	Performing manual tasks			Bending
	Seeing			Speaking
	Hearing			Breathing
	Eating			Learning
	Sleeping			Reading
	Walking			Concentrating
	Standing			Thinking
	Sitting			Communicating
	Reaching			Interacting with others
	Other Driving			Working
Explanation of Other:				

To what extent does the medical condition impair the major life activity(ies)?

Inability to drive in heavy traffic

Permanent or Long-term Condition

Date the condition commenced:	1 year ago

How is the employee's job performance impaired as a result of the medical condition?

decreased concentration

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Revision: May 2014

Confidential

Instructions
Physician: Complete, sign and date certification form below. Return completed form to TWC Human Recourses as directed in cover letter.
HR: Scan competed documents and email to *EmployeeServicesCenter@twcable.com*.

Time Warner Cable

Please specify what accommodation(s), if any, would allow the employee to meet the essential functions of the job (See attached job description)

7 AM - 200 P.M to avoid heavy traffic

Additional Comments:

Print Physician Name & Specialty	**License No:** K9078
Address: Dr. Steven Hart 15803 Windermere Dr. Ste 103 Pflugerville, Tx. 78660 PH (512) 989-2680 Fax (512) 990-4235	**Phone:**
Signature:	**Date:**

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Revision: May 2014

Confidential

Instructions
Employee: Complete, sign and date consent form below. Return completed form to HR. Provide copy of consent form to physician along with "Cover Letter" and "Physician Certification" forms.
HR: Scan completed documents and email to *EmployeeServicesCenter@twcable.com*.

Time Warner Cable

ADA - Consent for Release of Medical Information

Name:	Heather Trautman	Last 4 Digits of SS No:	

I, Heather Trautman, voluntarily authorize Dr. Hart to review my medical records from other health care providers, to discuss my medical care, treatment, condition and any medications I am taking as they relate to my ability to perform the essential functions of my position with representatives of Time Warner Cable Inc., and to release medical records in his or her possession that relate to me to representatives of Time Warner Cable Inc. for the purpose of determining my ability to perform the essential functions of my position.

This authorization is effective for one year from the date below unless rescinded by me. A copy of this authorization is as good as the original.

Genetic Information Nondiscrimination Act

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee Signature:	H Trautman	Date:	12/12/14

Revision: May 2014

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Instructions
Employee: Complete the request form below. Sign, date and return completed form to human resources.
HR: Enter PSID on form. Scan completed documents and email to *EmployeeServicesCenter@twcable.com*

Time Warner Cable

ADA - Employee Accommodation Request Form

PSID#: (HR Use Only)	1177265	**EID#:**	E180669	**Date:**	12/8/2014
Employee Name:	Heather Trautman	**Supervisor:**	Adrienne Greth		
Line of Business:	Commercial Services				

Describe any limitations resulting from your condition that interfere with your ability to perform the essential functions of your job:

no limitations for the function of my job duties

Describe the accommodations you think would enable you to perform the essential functions of your job:

Working 7am-2pm in office to avoid Anxiety and panic attacks
Work remaining hours from home

Print Employee Name:	Heather Trautman		
Employee Signature:	Heather Trautman	**Date:**	12/12/14

Please provide any treating physician statements that will be useful in processing your accommodation request. Please return this completed form to Human Resources within two (2) weeks.

Revision: May 2014